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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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February 9, 2016

Dear Prospective Proposers:

ADDENDUM NO. 4 – REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) FOR REFERENCE MEDICAL LABORATORY SERVICES

This Addendum No. 4 to the Request for Statement of Qualifications (RFSQ) for Reference Medical Laboratory Services revises the RFSQ as indicated below. This Addendum is posted on the Department of Health Services (DHS) Contracts and Grants Website at http://cg.dhs.lacounty.gov.

1. Agreement Paragraph 1.4 Vendor's Minimum Qualifications, Sub-paragraph 1.4.2 shall be deleted in its entirety and replaced as follows:

   "1.4.2 Vendor must possess a valid clinical laboratory license issued by the State of California Department of Health Services or the State of California Department of Public Health."

2. Appendix A, REQUIRED FORMS, Exhibit 1 Vendor's Organization Questionnaire/Affidavit is deleted in its entirety and replaced with Exhibit 1-A, and attached hereto as Attachment I. This incorporates the changes in the Vendor's Minimum Qualifications into Appendix A, REQUIRED FORMS.

3. REFERENCE MEDICAL LABORATORY SERVICES MASTER AGREEMENT STATEMENT OF QUALIFICATION SUBMITTAL FORM is deleted in its entirety and replaced, and attached hereto as Attachment II.

Thank you for your interest in contracting with the County of Los Angeles.

KH:rf

Attachments - 2

REQUIRED FORMS - EXHIBIT 1-A

VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and include it in Section A.1 of the SOQ. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Master Agreement.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

   _____ _____ _____
   Name State Year Inc.

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

   _____

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

   Name of parent firm: _____

   State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

   _____

   _____

Vendor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Paragraph 1.4 - Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below:

1.4.1 Vendor's organization must have five (5) years experience in the business of providing medical laboratory services to hospitals, medical groups, or satellite laboratories.
1.4.2 Vendor must posses a valid clinical laboratory license issued by the State of California Department of Health Services or the State of California Department of Public Health..
1.4.3 Vendor must be certified by Clinical Laboratory Improvement Act (CLIA) to the complexity of tests performed.
1.4.4 Vendor must be accredited by the College of American Pathologists (CAP), or accredited by another agency approved by CAP, to the complexity of tests performed

Check the appropriate boxes:

☐ **Yes** ☐ **No** Sub-paragraph 1.4.1, _____ years experience, within the last ___ years
☐ **Yes** ☐ **No** Sub-paragraph 1.4.2, Vendor posses a valid clinical laboratory license issued by the State of California Department of Health Services or the State of California Department of Public Health.
☐ **Yes** ☐ **No** Sub-paragraph 1.4.3, Vendor is certified by Clinical Laboratory Improvement Act (CLIA) to the complexity of tests performed.
☐ **Yes** ☐ **No** Sub-paragraph 1.4.4, Vendor is accredited by the College of American Pathologists (CAP), or accredited by another agency approved by CAP, to the complexity of tests performed

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Corporation's Name:_____

Address:_____

e-mail address:_____ Telephone number:_____

Fax number: _____

On behalf of _____ (Vendor's name), I _____ (Name of Vendor's authorized representative), certify that the information contained in this Vendor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

_____ Signature

_____ Internal Revenue Service Employer Identification Number

_____ Title

_____ California Business License Number

_____ Date

_____ County WebVen Number

Print Form

Attachment II

REFERENCE MEDICAL LABORATORY SERVCIES MASTER AGREEMENT STATEMENT OF QUALIFICATION SUBMITTAL FORM

This serves as an application for the reference medical laboratory services Master Agreement.
To Complete the Statement of Qualification:

1. Check off/fill out all the requirements met and sign form
   - Minimum Qualifications (applies to all vendors)
2. Attach all applicable documents listed in Required Forms section
3. Attach copies of the licenses/certificates/proof registrations checked off in specific categories
4. Vendor acknowledges and certifies that it meets the Minimum Qualifications listed in Paragraph 1.4 - Minimum Qualifications of this Request for Statement of Qualifications (RFSQ).

County Use Only	
VENDOR NAME	AGREEMENT #
DATE RECEIVED	ANALYST

1.4 MINIMUM QUALIFICATIONS

APPLICATION CATEGORIES (check all that apply)	YEARS PERFORMING SERVICE
_ **1.41** Vendor's organization must have five (5) years experience in the business of providing medical laboratory services to hospitals medical groups, or satellite laboratories.	
_ **1.4.2** Vendor must possess a valid clinical laboratory license issued by the State of California Department of Health Services or the State of California Department of Public Health.	
_ **1.4.3** Vendor must be certified by Clinical Laboratory Improvement Act (CLIA) to the complexity of tests performed.	
_ **1.4.4** Vendor must be accredited by the College of American Pathologists (CAP), or accredited by another agency approved by CAP, to the complexity of test performed.	

INSURANCE REQUIREMENTS (for all vendors) (SOQ Section C)		County Use Only
GENERAL LIABILITY		
General Aggregate: $2 million	☐	☐
Products/Completed Operations Aggregate: $1 million	☐	☐
Personal and Advertising Injury: $1 million	☐	☐
Each Occurrence: $1 million	☐	☐
AUTO LIABILITY		
Auto Liability: $1 million	☐	☐

WORKERS' COMPENSATION		
Each Accident: $1 million	☐	☐
PROFESSIONAL LIABILITY		
Aggregate: $3 million	☐	☐
Each Occurrence: $1 million	☐	☐
REQUIRED FORMS		
RFSQ – APPENDIX A		County Use Only
Statement of Qualification Submittal Form	☐	☐
Exhibit 1: Vendor's Organization Questionnaire/Affidavit (SOQ A.1)	☐	☐
Exhibit 2: Certification of No Conflict of Interest (SOQSec B)	☐	☐
Exhibit 3: Contractor's EEO Certification (SOQSec B)	☐	☐
Exhibit 4: Familiarity with the County Lobbyist Ordinance Certification (SOQSec B)	☐	☐
Exhibit 5: Prospective Contractor References (SOQ A.2)	☐	☐
Exhibit 6: Prospective Contractor List of Contracts (SOQ A.2)	☐	☐
Exhibit 7: Prospective Contractor List of Terminated Contracts (SOQ A.2)	☐	☐
Exhibit 8: Attestation of Willingness to Consider GAIN/GROW Participants (SOQSec B)	☐	☐
Exhibit 9: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception (SOQSec B)	☐	☐
Exhibit 10: Certification of Compliance with the County's Defaulted Property Tax Reduction Program (SOQSec B)	☐	☐
Exhibit 11: Charitable Contributions Certification (if applicable) (SOQSec B)	☐ ☐n/a	☐
Exhibit 12: Certification of Independent Price Determination and Acknowledge of RFSQ Restrictions (SOQSec B)	☐	
Exhibit 13: Laboratory Test Categories (SOQSec B)	☐	☐
Exhibit 14: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions(45C.F.R. PART 76) (SOQSec E)	☐	☐
Exhibit 15: Medical Laboratory Services Fee Schedule (SOQSec B)	☐	☐
VENDOR SUPPLIED		
The original SOQ and two (2) numbered copies enclosed in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "SOQ FOR REFERENCE MEDICAL LABORATORY SERVICES"	☐	☐

Certificate of Good Standing (if Corporation or LLC)	(SOQ A.1)	☐ ☐n/a	☐
Statement of Information (if Corporation or LLC)	(SOQ A.1)	☐ ☐n/a	☐
Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership)	(SOQ A.1)	☐ ☐n/a	☐
Statement of Pending Litigation	(SOQ A.3)	☐	☐
Certificate of Insurance	(SOQSec C)	☐	☐
LA County named additional insured		☐	☐
All applicable licenses, certificates, accreditations, permits	(SOQSec D)	☐	☐
Acceptance of Terms and Conditions of Agreement (Section F) Vendor included a statement offering the Proposer's acceptance to all terms and conditions listed in Appendix H, Master Agreement	(SOQSec F)	☐	☐

APPLICANT ACKNOWLEDGES THAT IF ANY FALSE, MISLEADING, INCOMPLETE, OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS SOQ ARE MADE, THE SOQ MAY BE REJECTED. THE EVALUATION AND DETERMINATION IN THIS AREA SHALL BE AT THE DIRECTOR'S SOLE JUDGMENT AND HIS/HER JUDGMENT SHALL BE FINAL.

I DECALARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

PREPARER'S SIGNATURE	DATE
PRINT PREPARER'S NAME	TITLE
ADDRESS	CITY , STATE
email	